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APPLICANTS

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**** CONTINUING DATA *******

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**** FOREIGN APPLICATIONS *******

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**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

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| Foreign Priority claimed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY | SHEETS DRAWINGS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
|--------------------------------|---|--|------------------|-----------------|--------------|--------------------|
| 35 USC 119(a-d) conditions met | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Verified and | /ELLY-GERALD STOICA/ Examiner's Signature | Initials | ITALY | 0 | 23 | 1 |
| Acknowledged | | | | | | |

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TITLE

Freeze-dried fsh/lh formulations

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|------------------------------------|---|--|
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